Attention:

This form or schedule is provided for informational purposes and should not be reproduced on personal computer printers by individual taxpayers for filing.

The Form 5500-series of forms and schedules is printed on special paper with dropout ink so it can be processed by the computerized processing system "EFAST." The Forms 5500 and 5500-EZ (and related schedules) are included in the appropriate packages that are mailed each spring to all filers of record. These forms and schedules may also be obtained by calling 1-800-TAX-FORM (1-800-829-3676). Be sure to order using the IRS form number.

Check the Department of Labor's Web site at www.efast.dol.gov for additional information concerning the processing system, electronic filing, software, and "non-standard" filings.

SCHEDULE C (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Pension and Welfare Benefits Administration

Pension Benefit Guaranty Corporation

Service Provider Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974.

▶ File as an attachment to Form 5500.

Official Use Only

OMB No. 1210-0110

2002

This Form is Open to Public Inspection.

																,				
		ndar plan year 2002 plan year beginning							;	and e	ndinç	3			4	Q E	/			
A	Name	e of plan										В		ee-di 1 nur	-	•				
С	Plan	sponsor's name as shown on lir	ne 2a of	Form 550	0							D	Em	ploy	er Ide	entific	ation	ı Nu	mbe	r
Pa	art I	Service Provider Infor	mation	(see in	stru	ction	s)				C									
1		er the total dollar amount of comp or than those listed below, who re					•													
2	desc	the first item below list the contracted conding order of the compensation of the r. V/A in (c) and (d).								W										ıld
	(a)	Name																		
	(b)	Employer identification number (see instructions)																		
	(c)	Official plan position		Con	t(r a	С	t	а	d m	ı i	n	i s	t	r	a t	0	r		
	(d)	Relationship to employer, employee organization, or perso known to be a party-in-interest			É			Ì				Ì	Ī	Ė	i		Ī	Ė		
	(e)											(g)	(g) Nature of service code(s)							
			_00	Q)										(se inst	e ructio	ons)	1	2		
	(a)	Name	À	•																
			P																	
	(b)	Employer identification number (see instr	ructions)																
	(c)	Official plan position																		
	(d)	Relationship to employer, employee organization, or perso known to be a party-in-interest	n																	
	(e)	Gross salary or allowances paid	by plan	(f)	Fees	and co	ommis	ssions	paid b	y plan	00		(g)	(se		of serv	ice c	ode	(s)	

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. Cat. No. 13515E Schedule C (Form 5500) 2002



	··											
(a)	Name											
(b)	Employer identification number (see instructions)											
` ,												
(c)	Official plan position											
(d)	Relationship to employer,											
	employee organization, or person known to be a party-in-interest	(C)										
(e)	Gross salary or allowances paid by plan (f) Fees and commissions paid by plan	(g) Nature of service code(s)										
(6)	(i) Tees and commissions paid by plan	(see										
		instructions)										
(a)	Name											
(α)	realite											
(b)	Employer identification number (see instructions)											
(0)	Official plan position											
(c) (d)	Official plan position Relationship to employer,											
(u)	employee organization, or person											
	known to be a party-in-interest											
(e)	Gross salary or allowances paid by plan (f) Fees and commissions paid by plan	(g) Nature of service code(s)										
	00 00	(see										
		instructions)										
(a)	Name											
(b)	Employer identification number (see instructions)											
` ,												
(c)	Official plan position											
(d)	Relationship to employer,											
	employee organization, or person known to be a party-in-interest											
(e)	Gross salary or allowances paid by plan (f) Fees and commissions paid by plan	(g) Nature of service code(s)										
(0)	if I see and seminissions paid by plan	(see										
	00	instructions)										
(a)	Name											
` ,												
(b)	Employer identification number (see instructions)											
(c)	Official plan position											
(d)	Relationship to employer,											
(α)	employee organization, or person											
	known to be a party-in-interest											
(e)	Gross salary or allowances paid by plan (f) Fees and commissions paid by plan	(g) Nature of service code(s)										
	00 00	(see										
		instructions)										



